

Notice of Public Hearing

Pursuant to Section 22215 of Public Act 306 of 1969, as amended, the Michigan Department of Community Health (MDCH) will hold a hearing on the following Certificate of Need (CON) Review Standards: Urinary Extracorporeal Shock Wave Lithotripsy (UESWL) Services/Units, Psychiatric Beds (PB) and Services, Cardiac Catheterization (CC) Services, and Open Heart Surgery (OHS) Services.

Date: Wednesday, October 31, 2007
Time: 9:00AM
Location: Capitol View Building
201 Townsend Street, 1st floor
MDCH Conference Center Room C
Lansing, MI 48913

UESWL SERVICES/UNITS, PB AND SERVICES, CC SERVICES, AND OHS SERVICES

UESWL SERVICES/UNITS

The proposed CON Review Standards for UESWL Services/Units are being reviewed and modified to include, but are not limited to, the following:

1. Added language to allow for acquisition of a unit(s) or a service.
2. Added language to allow for relocation of a unit(s) or a service.
3. Developed separate definitions for replace and upgrade.
4. Clarified language to reflect that only MIDB data can be used for projections for initiation.
5. Added language for initiation of a mobile UESWL service to require that 100 UESWL procedures must be projected in each region in which the proposed mobile service is proposing to operate.
6. Eliminated comprehensive kidney stone treatment center (CKSTC) and all references as it is no longer needed.
7. Other technical changes.

PB AND SERVICES

The proposed CON Review Standards for Psychiatric Beds and Services are being reviewed and modified to include, but are not limited to, the following:

1. Bed Need Methodology will be maintained and calculated every two years to determine overall planning area need with an adjustment for low occupancy facilities.
2. Modified the adult planning areas from the Community Mental Health boundaries to health service area (HAS) boundaries.
3. Modified the minimum annual average occupancy rate within the project delivery requirements for adult beds from 85% to 60%. If a facility's average occupancy falls below 60%, the facility must decrease the number of beds, not to be less than 10 beds, to bring its annual average occupancy to 60%.
4. Modified the minimum annual average occupancy rate within the project delivery requirements for child/adolescent beds from 75% to 40%. If a facility's average occupancy falls below 40%, the facility must decrease the number of beds, not to be less than 10 beds, to bring its annual average occupancy to 40%.
5. Added a high occupancy provision that will allow expansion outside of the bed need.
6. Increased the replacement zone to 15 miles within a planning area.
7. Minimum number of beds in a psychiatric unit will be 10 beds.
8. The 1 bed for 20 bed rule will be changed to 1 bed for 10 bed rule if the bed need is 9 beds or less in the planning area.
9. To increase beds at a facility utilizing beds in the inventory, the facility shall be at 70% average occupancy for the previous two years.
10. Other technical changes and updates.

CC SERVICES

The proposed CON Review Standards for CC Services are being reviewed and modified to include, but are not limited to, the following:

1. Facilities providing cardiac CC services in Michigan will be required to participate in the American College of Cardiology National Cardiovascular Data Registry's CathPCI Registry (ACC-NDCR).
2. Eliminated physician volume requirements for adult diagnostic CC services.
3. Institutional volume shall be a minimum of 600 procedure equivalents in the category of pediatric CCs to be performed annually.

4. Modifications in computing CC equivalents, procedures, and weights.
5. Cardiac permanent pacemaker/ICD device implantations will be able to be performed in diagnostic CC laboratories in hospitals that do not provide therapeutic CC services.
6. Revised definition of Replace/Upgrade.
7. Require facilities proposing to initiate a pediatric CC service to meet certain guidelines of The American Academy of Pediatrics (AAP) for Pediatric Cardiovascular Centers (March 2002):
8. Defined Intra-Vascular Catheterization within Section 11, Methodology for Computing Cardiac Catheterization Equivalents – Procedures And Weights.
9. Other technical changes.

OHS SERVICES

The proposed CON Review Standards for OHS Services are being reviewed and modified to include, but are not limited to, the following:

1. Facilities providing open heart surgery services in Michigan will be required to participate in the Society of Thoracic Surgeons (STS) database and the program's state-wide auditing.
2. Updated Major ICD-9-CM Code Groups and weights.
3. Replaced the word "procedure" with the word "cases" for count purposes, as any given case could possibly involve multiple procedures.
4. Each physician credentialed by an applicant hospital to perform adult open heart surgery cases, as the attending physician, shall perform a minimum of 75 adult open heart surgery cases per year; this is a revision from 50 adult open heart cases per year.
5. Consulting hospitals will be required to perform a minimum of 400 cases per year for at least three consecutive years. This is an increase from the current 350 requirement.
6. Once MIDB data has been committed to support a CON application for open heart surgery services, it shall not be recommitted. After seven years, only the incremental increase in MIDB data could be committed to support a CON application for open heart surgery services. Additionally, if the hospital(s) committing data have experienced growth in their own program, and wish to initiate an open heart surgery service, the hospital(s) may use all of their MIDB data (including previously committed data) to support their own CON application and meet initiation volume requirements.
7. Clarified the definitions of adult and pediatric open heart surgery.
8. Other technical changes.

In addition to comments on the draft language, the Department and CON Commission is soliciting public comment on:

9. The geographic implications of the proposed language, if any.
10. The implications of a potential increase in programs as a result of the methodology.
11. The implications of Section 6(1)(b) and 6(2)(b) in terms of the potential for double counting of the data.
12. The proposed revised methodology which utilizes separate weights for both principal and non-principal diagnostic codes (see "Description of a Revised Methodology to Predict Adult Open Heart Surgery Cases October, 2007" for a description of the proposed revised methodology).

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Oral or written comments may be presented in person at the hearing on Wednesday, October 31, 2007, or submitted in writing via online submission at www.michigan.gov/mdch/0,1607,7-132-2945_5106_5409-147062--,00.html, no later than 5:00 p.m., November 7, 2007. If your comment is in written form, please provide a copy to the court reporter at the conclusion of your testimony. If you have any questions or concerns, please contact Andrea Moore at 517-335-6708.

Be sure all cellular telephones and pagers are turned off or set to vibrate during the hearing.

The hearing location is accessible for persons with physical disability. Interpreters will be available for the hearing impaired, if requested, seven days in advance.